

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			11-9-99
FORMALITY REVIEW	Ann	59229	11/23/99

Ann  
ann INDEX OF CLAIMS

11/21/00

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	4/24/02
2	11/14/03
3	5/21/03
4	11/20/01
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Claim	Date
Final Original	
51	1/9/03
52	5/21/03
53	11/20/01
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

BEST AVAILABLE COPY

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